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UNITED STATES PATENT AND TRADEMARK OFFICE
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Bib Data Sheet

CONFIRMATION NO. 8988

SERIAL NUMBER 09/418,509	FILING DATE 10/15/1999 RULE	CLASS 705	GROUP ART UNIT 3622	ATTORNEY DOCKET NO. 7791-0081-25
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APPLICANTS

DAVID ROCHON, WESTPORT, CT;
THOMAS MURRAY, RIDGEFIELD, CT;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/133,364 05/10/1999
AND CLAIMS BENEFIT OF 60/136,791 05/28/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 11/04/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 30
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
OBLON SPIVAK MCCLELLAND
MAIER & NEUSTADT PC
1755 JEFFERSON DAVIS HIGHWAY 4TH FLOOR
ARLINGTON, VA
22202

TITLE
SYSTEM AND METHOD FOR DELIVERING TARGETED PRODUCT SAMPLES AND MEASURING
CONSUMER ACCEPTANCE VIA A COMPUTER NETWORK

FILING FEE RECEIVED 1372	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER 09/418,509	FILING DATE 10/15/99	CLASS 705	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 7791-0081-25
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APPLICANT	DAVID ROCHON, WESTPORT, CT; THOMAS MURRAY, RIDGEFIELD, CT.
	CONTINUING DOMESTIC DATA*** VERIFIED PROVISIONAL APPLICATION NO. 60/133,364 05/10/99 PROVISIONAL APPLICATION NO. 60/136,791 05/28/99 _____
	371 (NAT'L STAGE) DATA*** VERIFIED _____
	FOREIGN APPLICATIONS*** VERIFIED _____
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99	

Design Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Initials _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 30
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ADDRESS	OBLON SPIVAK MCCLELLAND MAYER & NEUSTADT PC 1755 JEFFERSON DAVIS HIGHWAY 4TH FLOOR ARLINGTON VA 22202
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TITLE	SYSTEM AND METHOD FOR DELIVERING TARGETED PRODUCT SAMPLES AND MEASURING CONSUMER ACCEPTANCE VIA A COMPUTER NETWORK
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FILING FEE RECEIVED \$958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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